

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/25
O.I.P.E. CLASSIFIER		10	3600
FORMALITY REVIEW	KS	7/22	4-11
RESPONSE FORMALITY REVIEW		7/14/02	9/7/02

88-3100

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final Original	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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